

Seattle HIV/AIDS Planning Council

Minutes ☿ December 10, 2007

4:00pm - 6:30pm

2100 Building

Council Members Present: *Richard Aleshire, Samuel Andrews, Amy Bauer, Shireesha Dhanireddy, Jim Elliott, Brandie Flood, Kieu-Anh King, Gerrie LaQuey, Higinio Martinez, Andrew Murphy, Kris Nyrop, Ron Padgett, Jodie Pezzi, Tony Radovich, David Richart, Pam Ryan, Bob Wood*

Committee Members Absent: *Madeline Brooks, Charlie Curvin, Heath Bouldin, Kathleen Elling, Melinda Giovengo, Bill Hall, Arthur Padilla, Kevin Patz, German Rodriguez, Erick Seelbach, Luis Viquez*

Planning Council Staff Present: Jesse Chipps, Harnik Gulati (minutes)

Health Department Staff Present: Barb Gamble, Jeff Natter

Guests: Warren Leyh (UW School of Social Work intern), Steven Eric Miles (applicant for membership), Marcos Martinez (Entre Hermanos)

Italics denote Planning Council Membership.

I. Welcome, Introductions and Announcements

Jesse Chipps began the meeting by having all members and guests introduce themselves.

Tony Radovich announced that members of the Substance Abuse Board and Spotlight on Recovery have, for the past four years, been trying to get a garden in a Delridge park named the "Recovery Garden". This has been difficult. An interim parks director refused to do this, and named it the "meditation garden", but this has been rectified by the new director. There will be a dedication for the Recovery Garden this spring.

Sarah Kent announced that the BABES Network/YWCA has hired a new peer counselor, Anita Ethridge. They are now looking for a bilingual (Spanish/English) peer counselor as well.

Shireesha Dhanireddy announced that, at the EIP Steering Committee, several new drugs were approved, including Meravorac. Before being used, patients have to have an expensive test (\$1,800) to determine whether Meravorac will work. Payment for this test was also approved. Raltegravir was also approved.

Richard Aleshire also reported that approval has been granted from the Department of Health to increase eligibility for the EIP program to 400% of FPL. Next, this must be approved by the state legislature. He explained that those persons over 300% of FPL

will pay a higher out-of-pocket expense, and that they hope that this will be a revenue neutral change.

Jesse Chipps announced that the new semi-annual epidemiology report is available. Please only take a copy if you do not have it mailed to your home, as there is a limited supply. 2008 calendars are available for those who ordered them. Please see her at the break. Also, Becca ordered some lovely, organic cotton bags for her QM trainings, and there were some extra ones, which she asked to have brought to the Council meeting for people there.

Harnik Gulati announced that, while more total needs assessment surveys have been received this year than two years ago, there are fewer (by percentage) surveys from women, African Americans and Latinos. We like to over sample these populations, so that analysis of these data are meaningful. Harnik will be reaching out to try to get some consumers in these populations who have not yet filled out surveys to do so.

II. Meeting Agenda

☑ The agenda was approved as written by acclamation.

III. November Meeting Minutes

Changes:

- On the 2nd page, 4th sentence, "Public Health has been unable to...which WILL review these proposals" (Add "will", remove "to")
- First page, list of attending Council members, there is an additional comma which should be removed

Gerrie LaQuey moved to accept the minutes as amended, the motion was seconded by Amy Bauer.

☑ The October minutes were approved as amended, with 16 in favor, and Richard Aleshire abstaining.

IV. Grantee Updates

Jeff Natter reported that, for the 2008 grant year, funding will be renewed using the categorical allocations approved by the Council. Funding to agencies will be based on their 2007 performance levels.

He noted that Becca Hutcheson conducted, on Friday, one of two all-day QM trainings which are mandatory for care service providers. This was well received and helped agencies to be less intimidated by QM. A second training will be Wednesday, and Becca is willing to do a brief version of the training for the Council.

Jeff noted that HRSA has changed the rules for how TGAs apply for carryover funds (funds unexpended in one year, which are requested to be carried over to the next fiscal year, and spent then). Under the new guidelines, instead of waiting until the fiscal year has ended to determine the exact amount of under-expenditure, TGAs must, by January

2nd (almost 2 months before the end of the contract year) estimate the amount of carryover, and produce a categorical plan of how the funds will be spent and the additional service units provided and clients served.

Barb Gamble announced that contracts for all previously awarded funding have been completed, so that agencies will be able to begin services on January 1.

For the re-bid funds targeting IDU, of the four proposals received, the funds were awarded to Public Health for the “SCORE” program, (South County Outreach, Referral and Exchange). The program will have two staff with drug use expertise, and will focus on developing peer networks in South King County, and increase access and linkages to available resources in the area. The allocation panel that made the decision was six reviewers, four of whom were from outside Public Health. Because of new County rules about public disclosure, it can be difficult to go through the public disclosure paperwork to see proposals. To improve this, the prevention planners are, themselves, putting through blanket public disclosure requests for the proposals, rating forms, etc., so that anyone who wants to read the materials just has to contact Barb or Karen Hartfield. Barb really encourages anyone interested to contact her and read the proposals.

Barb also noted that Public Health has received four proposals for the Black and Latino MSM funds that have yet to be awarded. Prevention planners are currently trying to pull together a review panel of four outside and two internal reviewers to rate these proposals. While they would ideally like to have a meeting between Christmas and New Years, it is more likely that the meeting will take place after the new year.

Barb also noted that, in response to the strategic plan created by the Public Health HIV/AIDS Program, the City of Seattle and King County have each given a one-time allocation of \$150,000 each to implement some of the plan’s recommendations. Public Health is currently determining exactly what will happen with these funds, and is very excited.

V. Pooled Parity Principles for 2008

Richard Aleshire noted that there were two errors in the handout which went out with the Council packet. He handed out a new version, which notes the date of acceptance by the Council as December 10th, instead of January 14th. Also, on page two, Principle I, number 2, the first sentence should say, “from HRSA” not “by HRSA”. (New version attached).

David Richart explained that the parity model goes back to the time when Seattle first became eligible as a Part A (Title I) city. In the beginning, determining how Part A and B funds would be distributed was contentious, but the group is now focused on ensuring fairness. This contrasts with other states, where there is still contention. David noted that there weren’t significant changes made for 2008 from the 2007 principles. The major change was to add the language on page two which addresses having to wait until the complete (formula and supplemental) awards are received from HRSA to determine the final calculations.

Jeff Natter explained the basics of parity. He noted that Ryan White Part A funding for the Seattle TGA can only go to the TGA: King, Snohomish and Island Counties. Part B

funding is for the whole state. The parity model pools Part A funds, Part B funds, and the Part A funds that Clark County Washington gets from being part of the Portland TGA, and divides the dollars per living HIV case. Then the dollars go to each region based on the percentage of HIV cases that region has. King County is region 4, and has about 63% of the cases, and so gets about 63% of the dollars. So, if the Part A award is less than 63% of the total dollars, then King County gets some Part B dollars to make up the difference. Or, as was the case this year, if the Part A award is more than 63% of the total funds, then part of the award goes to Snohomish County, to go along with the parity model. People should note that this is intended to be *dollar* parity, not *service* parity. There are the same amount of Part A or B dollars per case in each region, but this doesn't mean that PLWH in each region have access to the same level of services.

Richard then showed the chart on the last page of the handout, which indicates an estimate of the dollars which each region would receive in 2008.

David Richart moved to approve the 2008 Parity Principles; Gerrie LaQuey seconded the motion. There was no discussion.

☑ The motion was approved unanimously.

VI. Membership Committee

Gerrie LaQuey reported that the committee was bringing one candidate to the Council for a vote this month, Steven Eric Miles. Additionally, the committee has applications from three other people, all of whom will be interviewed at tomorrow's membership committee meeting. The committee has also working on an attendance policy, which needs some additional work. In terms of gaps, the Council needs Foreign Born Blacks who are providers, unaligned consumers and/or general community members (3 total, including 1 consumer). They also need women unaligned consumers who are Caucasian, Latina or Foreign Born Black, and they also need one more male consumer (Caucasian). Two current Council members have been granted exceptional third terms: Andrew Murphy and Madeline Brooks.

Gerrie then asked Eric Miles to introduce himself to the Council. He noted that he had been at the last meeting, and that he was eager to begin working with the Council. Having recently gotten out of federal prison, he feels that he can bring that perspective to the Council's work, and he encouraged people to ask him questions.

Jodie Pezzi moved to accept Steven Eric Miles for membership, Tony Radovich seconded the motion.

☑ The motion passed unanimously.

VII. Care Prioritization and Allocation

Tony Radovich explained that volunteers were needed in two capacities—as members of the Steering Committee and as members of the Prioritization and Allocation Committee. He noted that Steering Committee members would need to do both committees.

Steering Committee Volunteers: Gerrie LaQuey, Pam Ryan, Andrew Murphy, Tony Radovich and David Richart (along with Care Grantee Jeff Natter).

Prioritization and Allocation Committee Volunteers: Shireesha Dhanireddy, Amy Bauer, Higinio Martinez, Sarah Kent, Samuel Andrews, Kieu-Anh King, Jodie Pezzi, Gerrie

LaQuey, Pam Ryan, Andrew Murphy, Tony Radovich and David Richart. Also, possibly Ron Padgett and Richard Aleshire.

Tony then had staff pass out forms to ask those volunteering to note when they cannot attend meetings, for the prioritization process, so that the dates and location can be determined as soon as possible. Brandie Flood asked whether there needed to be one-third consumers on the committee as they do on the Council. Jesse noted that they do, and that the Steering Committee will likely do additional recruiting from within as well as outside the Council.

VIII. Break

After the break, Jesse asked Marcos Martinez, who had arrived after introductions. He is the new Executive Director of Entre Hermanos. He noted that the agency does primarily prevention work, and that it works especially with recent immigrants.

IX. Case Reporting Presentation

Amy Bauer presented on how HIV and AIDS cases are reported and verified in King County, Washington State and the nation. (See slides, attached).

During the presentation there was confusion among attendees about who “owned” the case. Amy explained that the case belonged to the state/county in which the person lived when they were diagnosed, rather than the county/state in which they were diagnosed. For instance, someone living in California, who got an HIV test in Seattle on vacation and tested positive, would “belong” to California. Amy also explained that a county/state “owns” the diagnosis of HIV, even if the person moves, unless the person then progresses to an AIDS diagnosis, at which time the case moves to the state/county where the AIDS diagnosis takes place. So, if a person tests positive while living in King County, King County retains “credit” for that case, even if the person moves to another county or out of state. But, if after moving out of the county, the person progresses to an AIDS diagnosis—then the case is transferred (ie. King County no longer gets “credit” for it) from King County to wherever the person lives or lived when they got an AIDS diagnosis—even if they move back to King County.

X. Questions for David Fleming

Jesse noted that Dr. David Fleming would be attending the January Council meeting, and asked whether there were specific questions which the group wanted to ask him, in the event that he needed time to prepare responses.

The group discussed different issues, such as what Dr. Fleming’s vision is for the department in terms of HIV/AIDS, and what leadership role he is willing to take in terms of bringing in or maintaining funding.

However, the group came to the conclusion that they did not want Dr. Fleming to prepare remarks in advance, so that there would be more of a dialogue, and more of a sense from the group of what Dr. Fleming knows, vs. what has been prepared for him. The group asked Bob Wood to let Dr. Fleming know that they would like him to come and answer questions/engage in conversation with the Council extemporaneously.

XI. CAREvent Synopsis

Richard Aleshire reported that 349 of the 455 people who registered for CAREvent attended. There were 84 no-shows, which was concerning. Evaluations of the structure of the entire event on a scale of 1 to 10 (10 being the highest), showed overall favorable reviews. The lowest score was 7.8 on the meals. All 57 breakout sessions were evaluated, but the data has not been compiled yet. However, he reported the scores (also on a 1-10 scale) for the five plenary sessions. Charles King – CEO/President of Housing Works – 8.3; Martin Delany – Director of Project Inform – 8.8; Jim Picket – Director of Advocacy for AIDS Foundation of Chicago – 8.6; Julie Scofield – NASTAD – 9.2 and Glen Treasman – Psychiatrist at Johns Hopkins – 9.8.

Tony Radovich reported that the pre-conference on the first day brought together people with HIV from all parts of the state. His impression was that consumers have a vested interest in their care. During the breakout sessions, Tony noticed that many consumers were talking or asking questions about their own individual needs. He felt this was a good news/bad news thing, because, while it showed that consumers were engaged in their care, often the presenters were not the appropriate people to answer their questions.

Richard noted that the plenary sessions slides are available on the CAREvent website: www.regonline.com/careevent2007, but only for a limited time. If people want these, but miss the website, contact Richard.

Bob Wood noted that the Governor's Advisory Council on HIV/AIDS (GACHA) met at the conference location just prior to the conference, so that consumers could come and give them input. Many consumers had questions about how Medicaid spend down happens, about co-pays for EIP, and many issues about the way information was conveyed to consumers in Snohomish County regarding changes to case management. There were also concerns about continued congressional funding for abstinence education, despite data indicating that it is not effective. There was also discussion of return to work issues.

Sarah Kent noted that she had attended several HIV care conferences recently, most of them national conferences, and that CAREvent was by far the best, due to the combination of national and local speakers, the networking opportunities, and the wealth of information.

XII. Other Business

Kris Nyrop reported that he attended the International Conference on Drug Policy in New Orleans, and felt that the intersection of drug policy and HIV/AIDS is relevant to the Council's business, because of the way in which drug laws contribute to the epidemic. The United Nations is going to revisit the issue of global drug control policy in 2009.

Meeting adjourned: 6:25pm